


## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>Glenn D. Abbott</u>		Date: <u>6/22/04</u>	
Home Phone: <u>222-6662</u>	Work Phone: <u>487-9875</u>	Email: <u>abbottglenn@yahoo.com</u>	
Occupation: <u>State employee</u>	Employer: <u>Management Services (DMS)</u>		
Please check box for preferred mailing address.			
<input type="checkbox"/> Work Address:  City/State/Zip:			
<input checked="" type="checkbox"/> Home Address <u>7576 Talley Ann Drive</u> City/State/Zip: <u>Tallahassee, FL 32311</u>			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>35</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Land Fill / Park</u> 2nd Choice: _____			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:  Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___ Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___ Other Areas _____			
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, on what Committee(s) have you served? _____			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night			
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, d maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>57</u> Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us			

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In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

*I have a strong interest in making improvements to the Leon County Landfill and promoting better communication with county representatives.  
( See Attached Resume )*

References (you must provide at least one personal reference who is not a family member):

Name: Robert Henley Telephone: 644-4847

Address: 2470 Elfinwing Way 32309

Name: Jill Ghini Telephone: 410-2634

Address: 1151 Green Hill Trail, Tall 32317

### IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No If yes, please explain \_\_\_\_\_

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: Glenn D Abbott

Please return Application to

Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

## RESUME

**GLENN D. ABBOTT**  
7576 Talleyann Drive  
Tallahassee, Florida 32311

**TELEPHONE NUMBERS**  
OFFICE: (904) 487-9875  
HOME: (850) 222-6662

### **CAREER OBJECTIVE:**

To excel in a professional management position.

### **PROFESSIONAL EXPERIENCE:**

**Senior Management Analyst II** Department of Management Services (September 1992 to Present)

Employee and Labor Relations: Responsible for all aspects of labor and employee relations activities. Provides management consultation and the development of written policies and procedures. Prepares disciplinary letters and investigative reports, conducts predetermination conferences and drafts the written response to employee complaints and grievances. Coordinates sensitive personnel investigations and consults with the highest levels of management. Interacts with union representatives, lawyers, physicians and mental health care professionals.

Equal Employment Opportunity and Discrimination: Investigates all types of discrimination complaints. Prepares the agency Position Statement in response to external agency investigations, such as EEOC and FCHR. Conducts training for staff and management regarding discrimination policies, including sexual harassment. Provides expert testimony on personnel issues at formal hearings and in litigation.

Human Relations Activities: Coordinates the Employee Assistance Program and handles a variety of employee issues, including medical, FMLA and ADA. Conducts HR training to include labor relations and grievance handling, complaint resolution, disciplinary action, and violence in the workplace.

**Labor Relations Specialist** Department of Administration/Office of Labor Relations

Labor Relations and Collective Bargaining: Conducted labor contract negotiations for the Selected Exempt Service Physicians Bargaining Unit. Researched issues and prepared proposed contract language. Represented the State at Step 3 grievance meetings with unions and prepared written decisions. Assisted at arbitration. Conducted training sessions for agency supervisors on collective bargaining, disciplinary actions, grievance processing and FMLA.

**Human Relations Supervisor / Personnel Services Supervisor** Health and Rehabilitative Services

Human and Labor Relations: Supervised all aspects of labor relations, grievances, appeals, disciplinary actions, recruitment and selection activities, layoffs, and performance appraisals.

**Employment Specialist / Employment Interviewer** Job Service Office in Marianna and Tallahassee

Veterans' Representative: Supervised placement activities for veterans and job applicants.

Job Corps Representative: Recruited disadvantaged youths for the federal job corps program.

**Classroom Teacher** Leesburg Middle School/Lake County School Board

**Captain / Lieutenant** United States Army / Military Police Corps

### **EDUCATION:**

Florida State University, Bachelor of Arts Degree


### **PROFESSIONAL ORGANIZATIONS:**

Florida Personnel Association – Past President

### **PERSONAL REFERENCES:**

Furnished upon request.

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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Name: <u>MONA LISA ABBOTT</u>		Date: <u>June 24, 2004</u>
Home Phone: <u>222-6662</u>	Work Phone: <u>222-6662</u>	Email: <u>amonalise@earthlink.net</u>
Occupation: <u>Photographer</u>	Employer: <u>Self-Employed</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: <u>7576 Talley Ann DR.</u> City/State/Zip: <u>TALLAHASSEE, FL 32311</u>		
<input checked="" type="checkbox"/> Home Address: <u>7576 Talley Ann DR.</u> City/State/Zip: <u>Tallahassee, FL 32311</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>34</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>LANDFILL</u> 2nd Choice: <u>LANDFILL TO PARK</u>		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.		
Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us		

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In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

- Fla Dept of Revenue Certificate of Registration Since 01/02/81
- Leon Co. Business Registration Certificate since 1981
- Various Fundraising activities for such organizations as ECAH, RED CROSS, HUMANE SOCIETY, VENTURE SCOUTS (an offshoot of BOY SCOUTS OF AMERICA). • B.A. PSYCHOLOGY FSU

- LAKE HERITAGE NEIGHBORHOOD NEWS ASSOCIATION-FOUNDER 2004 JAN.

References (you must provide at least one personal reference who is not a family member):

Name: DONNA GABRIELLE Telephone: 321-8222

Address: 8440 Augustwood LN - 32311

Name: George Williams Telephone: 877-9293

Address: Talley Ann Court

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Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom?

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No

If yes, please explain I work the election Polls frequently

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No

If yes, please explain


All statements and information provided in this application are true to the best of my knowledge.

Signature: Mona Lisa Abbott

Please return Application to

Christine Coble, Agenda Coordinator  
 Leon County Board of County Commissioners  
 301 South Monroe Street  
 Tallahassee, FL 32301

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Name: Beverly Harris Elliott		Date:
Home Phone: 850-297-1281	Work Phone: 850-222-7994	Email: arobhe@earthlink.net
Occupation: Manager	Employer: FI, Society of Association Executives	
Please check box for preferred mailing address.		
<input type="radio"/> Work Address: PO Box 11119 City/State/Zip: Tallahassee, FL 32302		
<input checked="" type="radio"/> Home Address 2004 Kingsbridge Ct City/State/Zip: Tallahassee, FL 32311		
Do you live in Leon County? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, do you live within the City limits? <input type="radio"/> Yes <input checked="" type="radio"/> No Do you own property in Leon County? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, is it located within the City limits? <input type="radio"/> Yes <input checked="" type="radio"/> No For how many years have you lived and/or owned property in Leon County? _____ years Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Landfill Committee 2nd Choice:		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ Other Areas:		
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Sex: ☐ Male ☒ Female Age: 54 Disabled? ☐ Yes ☒ No

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I have not served on an Advisory Committee. I have a BA in Education, a certificate in Association Management and am a Certified Association Executive. I have excellent organizational skills and have served on many boards and committees of nonprofits for the past 25 years.

References (you must provide at least one personal reference who is not a family member):

Name: Linda Chrono Telephone: 850-222-7994

Address: PO Box 11119, Tallahassee, FL, 32302

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? 9 Yes X No  
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: Beverly J. Harris \_\_\_\_\_

Please return Application to Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301



Education	2001	American Society of Association Executives <b>Certified Association Executive</b>
	1999	Messiah College, Grantham, PA <b>American Management Association Certificate in Management</b>
	1972	State University College at Fredonia, NY <b>B.A. in Education</b>

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**Professional  
Experience**

**2003 - Present**      **Director of Special Projects**  
**Florida Society of Association Executives**  
 Responsibilities include membership services, grant writing, project work for the SAE Foundation including the Silent Auction and supervision of interns.

**1999-2003**      **Executive Director**  
**Florida Council Against Sexual Violence, (FCASV) Tallahassee, FL**  
 Responsibility for the overall operation of the agency, supervision of 10 staff, successfully wrote grants for \$500,000, and managed budget in excess of \$1million. Contract management for 5 state and federal grants. Developed and implemented policies and procedures for state office. Liaison to Board of Director, participated on board committees and participated in development of strategic plan. Developed and conducted training at state and national conferences.

**1997-99**      **Special Projects Coordinator**  
**Pennsylvania Coalition Against Rape, (PCAR) Enola, PA**  
 Responsibility for contract management, proposal process and implementation of special education projects awarded to sexual assault centers. Included working with project directors, editing, publishing, and statewide distribution of materials.

**1997-99**      **Executive Director**  
**National Coalition Against Sexual Assault, (NCASA) Enola, PA**  
 Responsibility for the daily operations of the national office, public relations, budget development, membership services and staff supervision. Participated in the drafting of the 2000 Violence Against Women Act Legislation. Represented the organization to other state and national organizations.

**1983-97**      **Director of Technical Assistance**  
**Pennsylvania Coalition Against Rape, Enola, PA**  
 This position evolved from providing technical assistance to rape crisis centers in program development and service delivery to overseeing and organizing statewide technical assistance activities. Activities included organizing statewide training events, developed and provided training at local, state and national events, developed tool for program audit, staff supervision and chair of three staff teams.

**Pennsylvania Coalition Against Rape, Harrisburg, PA**

Successfully wrote \$250,000 state grant which increased staff and developed statewide activities including a state conference and educational materials for statewide distribution.

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**1976-82 Executive Director****Women's Services of Westmoreland County, Greensburg, PA**

Responsibility for overall operation and development of the agency including services for victims of sexual assault and domestic violence, including a shelter for battered women. Supervision of 15 staff, policy development and fundraising.

**1975-76 Administrator****The NOW School of Greensburg, Greensburg, PA**

Responsible for the development and implementation of a non-sexist program for pre-school through kindergarten aged children. Tasks included daily administration, teaching and supervision.

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<b>Professional Activities</b>	<b>1998-00</b>	Editorial Board, Sexual Assault Report
	<b>1997-99</b>	Drafting Committee for the Violence Against Women Act
	<b>1997-99</b>	CDC Sexual Violence Prevention Workgroup
	<b>1996-98</b>	Board member of the National Victims Constitutional Amendment Network
	<b>1985-87</b>	Co-Chair PA Rural Coalition
	<b>1981-82</b>	Board Vice President, PA Coalition Against Rape

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<b>Professional Membership</b>	<b>2000-04</b>	American Society of Association Executives
	<b>1999-04</b>	Tallahassee Society of Association Executives
	<b>1999-04</b>	FL Society of Association Executives
	<b>1992-99</b>	American Professional Society on the Abuse of Children
	<b>1985-99</b>	National Coalition Against Sexual Assault
	<b>1976-99</b>	Pennsylvania Coalition Against Rape

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<b>Awards</b>	<b>1981</b>	<i>Outstanding Woman of the Year</i> , American Association of University Women, Greensburg, PA
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<b>Volunteer Experience</b>	<b>2003-04</b>	Sunday School Director - Woodrun Baptist Church
	<b>2002-04</b>	President, Tallahassee Branch of AAUW
	<b>1999-01</b>	Membership Chair, Tallahassee Branch of AAUW
	<b>1998-99</b>	Secretary, AMVETS Women's Auxiliary, Carlisle, PA
	<b>1995-97</b>	President, National Coalition Against Sexual Assault
	<b>1993-95</b>	Fundraising Chair, Mt. Pleasant Church of God
	<b>1993-95</b>	Fundraising Chair, NCASA
	<b>1992-94</b>	Conference Chair, NCASA
	<b>1990-93</b>	Region 1 Representative, NCASA
	<b>1981-82</b>	State Membership Vice President, AMVETS Women's Auxiliary

**Presentations**

- 2001 "Marital rape: Sexual Violence Within an Intimate Relationship" Panel Discussion, Battered Women's Justice Project, Miami, FL  
"How Do We Get There if We Don't Know Where We are Going?", FL Council Against Sexual Violence 2001 Annual Conference, Tampa, FL  
1998 "A Toolbox for Leaders: Staff Management, Volunteer Development, and Office Operations", National Organization of Victim Assistance Workshop  
1998 "Violence Against Women Act" Panel Discussion, National Coalition Against Domestic Violence Conference, Denver, CO  
1997 "How Do We Do What We Do Better", National Organization of Victim Assistance Conference, Houston, TX  
1996 "Building Better Programs Through Evaluation", NCASA Conference, San Francisco, CA  
1992 Statewide Campus Sexual Assault Series, Panel presentation on victim rights, confidentiality and resources, PA  
1990 "Confidentiality Issues for Rape Crisis Centers", NCASA Conference, Denver, CO  
1983 Numerous workshops to rape crisis centers in PA on board development issues


**Publications**

- 1997 "Balancing Justice", NCASA NEWS and National Center for Victims of Violent Crime newsletter

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

Attachment # 3

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<p><b>Name:</b> <u>Scherry M. Elson</u></p>		<p><b>Date:</b> <u>08/26/04</u></p>
<p><b>Home Phone:</b> <u>421-4068</u></p>	<p><b>Work Phone:</b> <u>222-6891</u></p>	<p><b>Email:</b> <u>selson@gtlaw.com</u></p>
<p><b>Occupation:</b> <u>Paralegal</u></p>		<p><b>Employer:</b> <u>Greenberg Traurig</u></p>
<p><b>Please check box for preferred mailing address.</b></p> <p><input checked="" type="checkbox"/> <b>Work Address:</b> <u>101 East College Ave.</u>  <u>Tallahassee, FL 32302</u></p>		
<p><input type="checkbox"/> <b>Home Address</b>  City/State/Zip: _____</p>		
<p><b>Do you live in Leon County?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, do you live within the City limits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Do you own property in Leon County?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, is it located within the City limits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>For how many years have you lived and/or owned property in Leon County?</b> _____ years <u>New Resident</u></p>		
<p><b>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</b></p> <p><u>Apalachee Parkway Regional Park</u>  <b>1st Choice:</b> <u>Citizens Focus Group</u> <b>2nd Choice:</b> <u>Landfill Citizens Liaison Committee</u></p>		
<p><b>If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:</b></p> <p>Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___  Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___</p> <p>Other Areas: _____</p>		
<p><b>Have you served on any previous Leon County committees?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p><b>If Yes, on what Committee(s) have you served?</b> _____</p>		
<p><b>How many days per month would you be willing to commit for Committee work?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more</p> <p><b>And for how many months would you be willing to commit that amount of time?</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more</p> <p><b>What time of day would be best for you to attend Committee meetings?</b> <input type="checkbox"/> Day <input type="checkbox"/> Night <u>Either day or night</u></p>		
<p><b>(OPTIONAL)</b> Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> <p><b>Race:</b> <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p><b>Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <b>Age:</b> _____ <b>Disabled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us</b></p>		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

*I am a new resident to Tallahassee and would like to be involved in a positive way to contribute to my new community. I am a past President of a Community Organization in West Virginia and a past Secretary of the Apollo Beach Community Organization, Apollo Beach, in South of Tampa. I am an Environmental Paralegal at Greenberg Traurig and have worked as a Paralegal in Construction Law for 20 years as well as on environmental issues. It would be a privilege to participate in any of these committees.*

References (you must provide at least one personal reference who is not a family member):

Name: Roginald L. Bouthillier Telephone: 222-6891  
Address: 101 East College Ave., Tallahassee, FL 32302

Name: Bob Appgar Telephone: 222-6891  
Address: 101 East College Ave., Tallahassee, FL 32302

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**  
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No  
Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No  
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_  
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No  
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_  
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No  
If yes, please explain Blueprint 2000 Committee  
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No  
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: Sabury M. Elam

Please return Application to

Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 14 OF 24

It is the applicant's responsibility to keep the information on this form current.  
To advise the County of any changes please contact Christine Coble  
by telephone at 488-9962 or by e-mail at [CobleC@mail.co.leon.fl.us](mailto:CobleC@mail.co.leon.fl.us)

Applications will be discarded if no appointment is made after two years.



Name: GIL HOOVER

Date: 14 DEC 04

Home Phone: 877-7903

Work Phone: 571-4490

Email: GNAHOOVER@AOL.COM

Occupation: DEPUTY

Employer: LCJO HOOVER @ MAIL, CO. LEON, FL. US,

Please check box for preferred mailing address.

☐ Work Address: 301 S. MONROE ST.  
3RD FLOOR - BARRICK UNIT  
City/State/Zip: TALLAHASSEE, FL. 32301

☐ Home Address 5703 HOOVER CT.  
City/State/Zip: TALLAHASSEE, FL. 32311

Do you live in Leon County? ☒ Yes ☐ No If yes, do you live within the City limits? ☐ Yes ☒ No

Do you own property in Leon County? ☒ Yes ☐ No If yes, is it located within the City limits? ☐ Yes ☒ No

For how many years have you lived and/or owned property in Leon County? 55 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

LANDFILL CITIZENS  
1st Choice: LAISON COMMITTEE 2nd Choice: SAME

If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:

Human Services \_\_ Housing \_\_ Health Care \_\_ Science \_\_ Library Services \_\_ Growth Management \_\_  
Tourist Development \_\_ Transportation \_\_ Bicycle/Pedestrian \_\_ Metropolitan Planning Organization \_\_

Other Areas \_\_\_\_\_

Have you served on any previous Leon County committees? ☒ Yes ☐ No

If Yes, on what Committee(s) have you served? ADVISORY COMMITTEE TO LEON CO. SCHOOL BOARD

How many days per month would you be willing to commit for Committee work? ☐ 1 ☐ 2 to 3 ☒ 4 or more

And for how many months would you be willing to commit that amount of time? ☐ 2 ☐ 3 to 5 ☒ 6 or more

What time of day would be best for you to attend Committee meetings? ☒ Day ☒ Night  
SOME

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race: ☒ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other  
Sex: ☒ Male ☐ Female Age: 60 Disabled? ☐ Yes ☒ No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at [CobleC@mail.co.leon.fl.us](mailto:CobleC@mail.co.leon.fl.us)

To: Leigh Rott  
cc: Christine

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available. ADVISORY COMMITTEE FOR LEON CO. SCHOOL BOARD; 2425. F30; FLA. STATE CONTRACTORS LIC. # RR0022064 (INACTIVE) OBTAINED IN OCT 1971. HOOPER CONSTRUCTION CO. FROM 1971 - 1988; 1988 TO PRESENT - DEPUTY SHERIFF LEON CO. CURRENTLY ASSIGNED TO LCCH AS BAILIFF - HOBBIES: HUNTING, FISHING, SCUBA DIVING, FLYING.

FOUNDER & PAST PRESIDENT OF WOODRUN HOME OWNERS ASSOC.

References (you must provide at least one personal reference who is not a family member):

Name: SHERIFF LARRY CAMPBELL Telephone: 922-3456

Address: P.O. BOX 727 TALLAHASSEE, FL 32302

Name: PASTOR ED. BRODAUBERG Telephone: 877-0820

Address: WOODRUN BAPTIST CHURCH 8203 DIALACHES PKWY

### IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? N/A

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

All statements and information provided in this application are [redacted] knowledge.

Signature: [redacted]

Please return Application to

Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

MEMBER WOODBURN BAPTIST CHURCH


TEAM CAPTAIN - AMERICAN HEART ASS. (2 yrs)

TEAM LEADER - FLA. BOYS RANCH AND GIRLS VILLA



## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

PAGE 17 OF 24

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>Jessica Kleinfelter</u>		Date: <u>8/26/04</u>
Home Phone: <u>380-6110</u>	Work Phone: <u>45-7589</u>	Email: <u>Jessica.kleinfelter@watermark.com</u>
Occupation: <u>Environmental Specialist</u>	Employer: <u>FL Dept of Env Protection</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: <u>2600 Blairstone Rd MS2500</u> City/State/Zip: <u>Tallahassee, FL 32399</u>		
<input checked="" type="checkbox"/> Home Address: <u>2682 Chateau Lane</u> City/State/Zip: <u>Tallahassee, FL, 32311</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>1.5</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Regional Park Group</u> 2nd Choice: <u>Landfill Citizens</u>		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___ Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___ Other Areas: _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>28</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

+BA in Environmental Science  
+sat on committee ~~Q~~ Q ~~U~~ U ~~R~~ R ~~F~~ F for Energy Saving Ideas  
+ outgoing + passionate  
+ I would like to act as a voice for others I was told  
the landfill was closing when I bought my house 1.5 years  
ago. I want the opportunity to say that I physically  
helped not just signed a petition.

References (you must provide at least one personal reference who is not a family member):

Name: Geoff Rabinowitz Telephone: 850-245-7521

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**  
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No  
Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No  
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_  
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No *I am a neighbor*  
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_  
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No  
If yes, please explain work in confidence & reinforcement for DEP trades program  
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No  
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.


Signature: 

Please return Application to  
Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
381 South Monroe Street  
Tallahassee, FL 32301

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

ATTACHMENT # 3

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<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
<p>Name: <u>Karen MESSER</u></p>			<p>Date: <u>Aug 26, 2004</u></p>
<p>Home Phone: <u>850-847-6452</u></p>	<p>Work Phone: <u>N/A</u></p>	<p>Email: <u>N/A</u></p>	
<p>Occupation: <u>N/A</u></p>	<p>Employer: <u>N/A</u></p>		
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address:</p> <p>City/State/Zip: _____</p>			
<p><input checked="" type="checkbox"/> Home Address <u>6822 Longhorn Ct.</u></p> <p>City/State/Zip: <u>Tallahassee, Fla. 32311</u></p>			
<p>Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>51</u> years</p>			
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>Landfill Cmt. Liaison Comm.</u> 2nd Choice: <u>Apal Pkwy Reg. Pk. Cmt. Focus Group</u></p>			
<p>If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:</p> <p>Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __</p> <p>Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __</p> <p>Other Areas _____</p>			
<p>Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>If Yes, on what Committee(s) have you served? _____</p>			
<p>How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more</p> <p>And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more</p> <p>What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night</p>			
<p>(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> <p>Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p>Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>51</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us</p>			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

*High School 30-40 hrs Community College  
I want to help. There are no such thing as problems,  
merely solutions. KDM 8/26/04*

References (you must provide at least one personal reference who is not a family member):

Name: Dr. Wallace Bell Telephone: 850-422-0509  
Address: 904 (?) Barrie Ave. (Dr.) Tall. Fla 32303

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**  
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Have you completed the Orientation? ☒ Yes ☐ No  
Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No  
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_  
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No  
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_  
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No  
If yes, please explain \_\_\_\_\_  
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No  
If yes, please explain \_\_\_\_\_


All statements and information provided in this application are true to the best of my knowledge.

Signature: Karen D. Mease 8/26/04

Please return Application to  
Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

Page 1 of 4 /

## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>MARY M. URQUHART</u>		Date: <u>6/22/04</u>	
Home Phone: <u>594-0979</u>		Work Phone: <u>---</u>	Email: <u>urquhart2@aol.com</u>
Occupation: <u>Disabled</u>		Employer: <u>---</u>	
Please check box for preferred mailing address.			
<input type="checkbox"/> Work Address: <u>---</u> City/State/Zip: <u>---</u>			
<input checked="" type="checkbox"/> Home Address: <u>3301 Agua Ridge Way</u> City/State/Zip: <u>Tallahassee, FL 32309</u>			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>2 1/2</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Landfill Committee</u> 2nd Choice: <u>X</u>			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Other Area <u>---</u>			
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, on what Committee(s) have you served? <u>---</u>			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>45</u> Disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

see enclosed Resume

References (you must provide at least one personal reference who is not a family member):

Name: Gary A. Macmolya M.D. Telephone: 216.521.9112

Address: Cleveland, Ohio

Name: Nancy Kuehn Telephone: 412.487.8708

Address: Pittsburgh, PA

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**  
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: [Signature]

Please return Application to

Christine Cobb, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

FX: 488.1670

**MARY M. URQUHART**

3301 Aqua Ridge Way  
Tallahassee, FL 32309  
PH: 850-894-0999  
Email: urquhal@aol.com

**SUMMARY:**

A highly successful 15-year track record working for major companies selling Medical Intangibles, Disposables, and Capital Equipment. Five years experience as a College Recruiter and a Licensed Professional Counselor. A "Distinguished" undergraduate Degree in Psychology and a Masters in Human Service Counseling from The University of Virginia.

**EMPLOYMENT:**

**MERLE NORMAN COSMETIC STUDIO: 7/03-3/04**

Beauty Advisor, Retail Commission Sales. Part-Time. Tallahassee, FL

**ELI LILLY AND COMPANY: 1/00-8/01**

Cardiology Sales Representative, Raleigh, NC

Product: Promoted the sales of Reopro, "Abciximab" (a biotech IV solution intended to inhibit the aggregation of platelets during angioplasty and the placement of a stent in an artery of the heart).

Buyers: Hospital Buying Groups and Interventional or Diagnostic Cardiologists, Cath Lab Managers and Emergency Department Physicians and Hospital Administrators

- Rose from sales position #118 to #66 in less than one year (out of 125).
- Was at 114% of a \$2M+ quota during FY'00

**PICKER INTERNATIONAL, INC: 6/98-8/99 (AKA (renamed): MARCONI)**

Service Sales Specialist, Tampa, FL

Product: Sold maintenance and repair service long term and comprehensive Contractual Agreements for all hospital technical equipment and imaging systems.

Buyers: Hospital Buying Groups, Hospital Executives and Department Administrators.

- Proposals totaled \$5.7M with new sales over \$1M

**CORDIS, JOHNSON & JOHNSON COMPANY: 7/96-6-98**

Cardiology Sales Representative, Cleveland, OH

Product: cardiac stents, interventional and diagnostic angioplasty catheters and complete line of accessory disposables.

Buyers: Hospital Catheterization Labs in the Cleveland area. Called on Cardiologists, Hospital Administrators and Cath Lab Managers.

- Increased cardiac stent sales 54% over previous year
- Exceeded 100% of sales quota in excess of \$5M annually

**HEWLETT-PACKARD COMPANY, MEDICAL PRODUCTS GROUP: 3/91-7/96**

Critical Care Sales Representative, Cleveland, OH

Product: Computerized Arrhythmia Monitoring Systems, Computer Integration Systems, Telemetry, Clinical Information Systems and Lease/Service Contracts.

**Buyers:** Hospital CFOs, Cardiologists, Nursing Administration, Purchasing, Service, Emergency, Intensive Care, Cardiac Care, Surgery and Recovery Departments,

- Awarded "Rookie of the Year" for outstanding sales performance
- Awarded "Outstanding Teamwork and "Highest Volume Customer Feedback"
- Member of "Achiever's Club" for ranking in top 20% of sales totaling 2-3M

**TOSHIBA AMERICAN MEDICAL SYSTEMS: 12/89-3/91**

**Full-Line Sales Representative, Columbus, OH**

**Product:** Imaging systems and Service Agreements for X-ray, CT, MRI, Catheterization Labs and Nuclear Medicine.

**Buyers:** CFO's, COO's, Radiologists, Radiology Administrators, Purchasing and Service Departments.

- Selected as Toshiba Product Demonstrator for AHA and RSNA Conferences
- Annual sales of \$2.6M

**GENERAL ELECTRIC MEDICAL SYSTEMS: 11/88-12/89**

**Full-Line Sales Representative, Pittsburgh, PA**

**Product:** Full line x-ray, CT, MRI, Angiography, Mammography and Nuclear Systems.

**Buyers:** CFO's, COO's, Radiologists, Radiology Administrators, Purchasing and Service Departments.

- Tied for first place in CT sales nationwide
- Surpassed \$3.3M quota

**LAYFAYETTE PHARMACAL: 7/86-11/88**

**Territory Sales Manager, Columbus, OH**

**Product:** Barium Sulfate contrast formulations and related diagnostic products.

**Buyers:** Radiologists, Radiology Administrators, Technicians and Purchasing Departments

- Awarded 1987 Territory Sales Manager of the Year for obtaining 230% over quota
- Company "Top Producer" in 1987 and 1988 with sales of \$2-3M

**COLUMBUS COLLEGE OF ART & DESIGN: 12/81-7/86**

**Student Counselor, Admissions Officer and Recruiter, Columbus, OH**

Was sole career and personal Guidance Counselor for the 1,200 students of this private five year BFA College. Traveled nationwide as a college recruiter. Reviewed Portfolios for Admission.

- Chairperson of the Student Cultural Activities Committee
- Licensed "Professional Counselor" by the Ohio Social Worker Board
- Recruitment efforts doubled the sized of the Freshman Class

**EDUCATION:**

**MASTER OF EDUCATION: Human Services Counseling, 1981**

University of Virginia Charlottesville, VA

**Internships:** Psychiatric hospital, Outpatient Mental Health and a Shelter for Domestic Violence

**BACHELOR OF ARTS: Psychology, 1979**

University of Virginia, Charlottesville, VA

- Graduated "With Distinction"